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|--|--|-------|--|---------------------------|---------------|-------|----------------|
| CONTRACT INSPECTION REPORT | | | CONTRACT NO. () | | TASK NO. 25X1 | | |
| TO: CONTRACT ADMINISTRATION & SETTLEMENT BRANCH/PD/OL | | | DATE 23 January 1967 | | | | |
| | | | INSPECTION REPORT NO. (If final, so state) 11 | | | | |
| | | | ESTIMATED COMPLETION DATE 30 March 1967 | | | | |
| NAME OF CONTRACTOR Corning Glass Works | | | | | | | |
| TYPE OF COMMODITY OR SERVICE Improved Rear-Projection Screen | | | | | | | |
| THE CONTRACTOR IS ON SCHEDULE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | THE CONTRACTOR WILL PROBABLY REMAIN WITHIN ALLOCATED FUNDS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF ANSWER IS "NO" ADVISE RECOMMENDATION AND/OR ACTION OF SPONSORING OFFICE, ON REVERSE HEREOF. IF KNOWN, INDICATE MAGNITUDE OF ADDITIONAL FUNDS INVOLVED. | | | | |
| PER CENT OF WORK COMPLETED - 66% | | | | | | | |
| PER CENT OF FUNDS EXPENDED - 66% | | | | | | | |
| HAS AN INTERIM REPORT, FINAL REPORT, PROTOTYPE, OR OTHER END ITEM BEEN RECEIVED FROM THE CONTRACTOR DURING THE PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, give details on reverse side.) | | | | | | | |
| HAS GOVERNMENT-OWNED PROPERTY BEEN DELIVERED TO CONTRACTOR DURING THIS PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, indicate items, quantity, and cost on reverse side.) | | | | | | | |
| INCENTIVES | | | | | | | |
| IS THIS AN INCENTIVE CONTRACT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, CHECK TYPE <input type="checkbox"/> COST <input type="checkbox"/> AWARD FEE <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> DELIVERY | | | NOTE: USE REVERSE SIDE FOR COMMENTS. FINAL REPORT MUST CONTAIN INCENTIVE EVALUATION. | | | | |
| OVERALL PERFORMANCE OF CONTRACTOR | | | | | | | |
| 1. <input type="checkbox"/> OUTSTANDING 4. <input checked="" type="checkbox"/> ABOVE AVERAGE 7. <input type="checkbox"/> UNSATISFACTORY | | | | | | | |
| 2. <input type="checkbox"/> EXCELLENT 5. <input type="checkbox"/> AVERAGE | | | | | | | |
| 3. <input type="checkbox"/> VERY GOOD 6. <input type="checkbox"/> MINIMUM ACCEPTABLE | | | | | | | |
| IF OVERALL PERFORMANCE OF CONTRACTOR IS UNSATISFACTORY OR MINIMUM ACCEPTABLE INDICATE REASONS ON REVERSE SIDE. | | | | | | | |
| RECOMMENDED ACTION | | | | | | | |
| <input checked="" type="checkbox"/> CONTINUE AS PROGRAMMED <input type="checkbox"/> WITHHOLD PAYMENT PENDING SATISFACTORY PERFORMANCE | | | | | | | |
| <input type="checkbox"/> TERMINATE <input type="checkbox"/> OTHER (Specify) | | | | | | | |
| IF TERMINATION IS RECOMMENDED OR IF THIS IS A FINAL REPORT PUT COMMENTS ON REVERSE IN NARRATIVE FORM ON CONTRACTOR'S PERFORMANCE AND CERTIFY THAT ALL DELIVERABLE ITEMS UNDER THE CONTRACT HAVE BEEN RECEIVED. THESE INCLUDE, WHERE APPLICABLE, THE FOLLOWING: | | | | | | | |
| ITEM | | REC'D | DOES NOT APPLY | ITEM | | REC'D | DOES NOT APPLY |
| PROTOTYPES | | | | MANUALS | | | |
| DRAWINGS AND SPECIFICATIONS | | | | FINAL REPORT | | | |
| PRODUCTION AND/OR OTHER END ITEMS | | | | SPECIAL TOOLING | | | |
| | | | | OTHER GOVERNMENT PROPERTY | | | |
| DATE OF LAST CONTACT WITH CONTRACTOR 13 January 1967 | | | | | | | |
| SIGNATURE OF INSPECTOR | | | | DIVISION | | | |
| IN: | | | | | | | |
| | | | | | | | |

☐ SECRET

☒ CONFIDENTIAL

☐ UNCLASSIFIED

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NARRATIVE REPORT

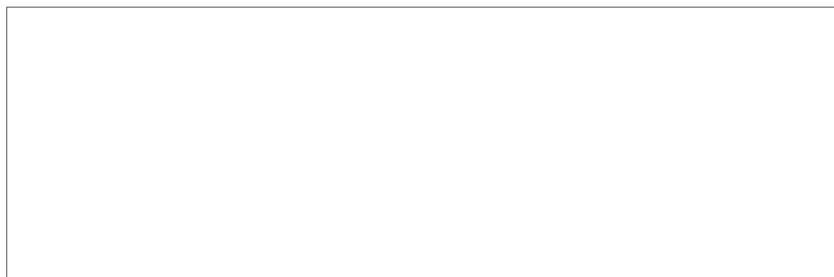
☒ INTERIM

☐ FINAL

1. Progress Reports Numbers 15 and 16 have been received.

2. An inspection visit was made on 13 January 1967.

A. Attendees



25X1

B. The Technical Progress was reviewed and was determined to be acceptable.

C. Corning anticipates needing more time (no increase in funding) to complete the effort. Receipt of the request is pending.

D. The method of expressing the data was discussed and given a preliminary approved.

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